Agency Report of:

-	.90	101							
1	Caraman	leid	Polo	Evente	and	Tickot/Dag	c Dict	ributio	ne

	eremonial Role Even	its and Ticket/F	ass Distri	ibutions	Α	Public Document				
1.	Agency Name			HINE H. 1866	Date Stamp	California 802				
	Los Angeles County			Tomin						
	Division, Department, or Reg			For Official Use Only						
	Board of Supervisors, Four		il .							
	Designated Agency Contact	(Name,Title)								
	Nancy Herrera	TE	Amendment (Must Pi	rovide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail			Date of Original Filing: _					
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filling.	(month, day, year)				
2.	Function or Event Infor	mation			•	00.0.00				
	Does the agency have a tic	ket policy? Yes I	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u></u> \$1	68 & \$99				
	Event Description: LA Philh	armonic Provide Title/ Expla.	nation	Date(s)03	, 03 , 18					
	Ticket(s)/Pass(es) provided		no: Walt Disr	ney Concert Hall						
			Name of Source							
	Was ticket distribution made of agency official?	e at the behest Yes [□ No 🗵 II	yes:	Official's Name (Last, First)					
3.	. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside of									
	A. Name of Agency, Depart		Number of Ticket(s)/ Passes		e the public purpose made pursuant to the agency's policy					
	Board of Supervisors	4								
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:				
					onial Role Other on "Other of "Other" descriptions	Income C				
					onial Role Other of Other on "Other" desc	Income Cribe below:				
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy					
	Verification I have read and understand FP.	PC Regulations 18944.	.1 and 18942. I	have verified ti	hat the distribution set for	rth above, is in accordance				
_	with the requirements.		y Herrera		Ticket Administrator	3/30/18				
	Signature of Agency Head or Design			Title	(month, day, year)					
	Comment: Two Orchestra a	at ψ του από two τem	ace at 433							

Agency Report of:

Cerem	nonial	Role	Events	and	Ticket/Pass	Distributions	
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1.	Agency Name			4260004500	H M	Date Stamp	California Q02	
	Los Angeles County			Form OUZ				
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name, Title)						
	Nancy Herrera					Amondment (Must Den	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	10.000			Amendment (Must Pro	vide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	s.lacou	ınty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	cet policy?	Yes 🛛	I No □	Face Value of I	Each Ticket/Pass \$ <u>\$16</u>	§8	
	Event Description: LA Philha	armonic Provide Titi	00 400,40 40110		Date(s)03			
	Ticket(s)/Pass(es) provided				f no: Walt Disr	ney Concert Hall Name of Source		
	Was ticket distribution made of agency official?	at the behest	Yes 🗆	No⊠ ^I	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen-	cy's department or	ual. • Use Section C to identif	y an outside organization.				
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		the public purpose made pursuant to the agency's policy			
	Board of Supervisors		4 Ticket Policy Sec 5.3(k)					
		Name of Individual (Last, First)				Identify one of the following	lowing:	
					1	onial Role Other on "Other" descri	Income Income ibe below:	
	*	8				onial Role Other on "Other" descri	Income Income	
C. Name of Outside Organization (include address and description)				Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
_	Verification							
	I have read and understand FPI with the requirements1	PC Regulations	18944.1	and 18942.	I have verified th	nat the distribution set fort	h above, is in accordance	
	Signature of Agency Head or Designe	en		Herrera t Name		Ticket Administrator	3/30/18 (month, day, year)	
	Comment:		enn	LIVALLIC		nue	(month, day, year)	

Agency Report of:

	_					
C	eren	nonia	Role	Events and	Ticket/Pass	Distributions

A Public Document

1	Agency Name					Date Stamp	California OOO	
•	Los Angeles County		Date Stamp	Form 802				
	Division, Department, or Reg	ion (if applicable)	-	For Official Use Only				
	Board of Supervisors, Fourt							
	Designated Agency Contact		12					
	Nancy Herrera	(
	Area Code/Phone Number	E-mail				Amendment (Must Pr	ovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	s.lacour	nty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation		-			A THE RESIDENCE OF THE PARTY OF	
	Does the agency have a tick	ket policy?	Yes 🕅	No 🗆	Face Value of	Each Ticket/Pass \$ \$1	68	
	Event Description: LA Philh		.00		Date(s)03		255	
	Event Description:	Provide Titi	e/ Explanati	ion	Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Walt Disr	ney Concert Hall		
	25					Name of Source		
	Was ticket distribution made	at the behest	Yes 🗌	No ⊠	If yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients	MINI SAN						
	• Use Section A to identify the agen	cy's department or	ual. • Use Section C to identi	fy an outside organization.				
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy		
	Board of Supervisors			2	Ticket Policy			
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
						onial Role Other Officer Offic	Income In	
	·					onial Role Other or "Other" description of the control of the co	Income Income	
C. Name of Outside Organizati (include address and descript				Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
	Verification							
	I have read and understand FPI with the requirements.	PC Regulations	18944.1 8	and 18942.	I have verified th	nat the distribution set for	th above, is in accordance	
	Marin de	MPM	Nancy I	Herrera	(9	Ticket Administrator	3/30/18	
92	Signature of Agency Head or Designation	е	Print I			Title	(month, day, year)	
	Comment:							
	A SAME OF COMMUNICATION OF COMUNICATION OF COMMUNICATION						**************************************	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name		Date Stamp	California 802					
	Los Angeles County				Form OUZ				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
	Board of Supervisors, Fourt								
	Designated Agency Contact	(Name, Title)							
	Nancy Herrera		Amendment (Must Pro	ovide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail							
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy?	Face Value of I	Each Ticket/Pass \$ <u>\$16</u>	68 				
	Event Description: LA Philh	armonic			Date(s)03/	, 30 , 18	1 1		
		Provide Tit							
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Walt Disr	ney Concert Hall			
	Was ticket distribution made	at the hehest	If yes:						
	of agency official?	at the benest	Yes ∐	No 🔼	yes	Official's Name (Last, First)			
	or agonoy omolar.								
3.	Recipients								
	 Use Section A to identify the agen 	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy				
	Board of Supervisors		4	Ticket Policy	y Sec 5.3(k)				
	B. Name of Individual			Number of Ticket(s)/		Identify one of the fol	lowing:		
	(Last, Firs	st)		Passes	Cerem	onial Role Other	Income 🗌		
						ing "Ceremonial Role" or "Other" descr			
		10.00				onial Role Other ing "Ceremonial Role" or "Other" descri	Income In		
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
1.	Verification								
	I have read and understand FPI with the requirements.	PC Regulations	18944.1	and 18942.	I have verified th	hat the distribution set for	th above, is in accordance		
-	Many Herr	lle		Herrera		Ticket Administrator	3/30/18		
	Signature of Agency Head or Designation	ee	Print	Name		Title	(month, day, year)		
	Comment:								